

Probate and Family Court NORFOLK _____ County, Massachusetts Court Address: 35 Shawmut Rd., Canton, MA 02021	↑ COURT USE ONLY ↑
In the Interests of: Elvira T. Madigan Protected Person	
Attorney or Party Without Attorney (Name and Address): Eleanor D. Franklin 878 Washington St., Apt 3C, Huntsville, MA 12345 Phone Number (413) 222-2345 E-mail: edf@abcefg.net FAX Number: None Atty. BBO #: n/a	Case Number:
CONSERVATOR'S FINANCIAL PLAN	

CONSERVATORSHIP OF _____ ELVIRA T. MADIGAN

DATE OF APPOINTMENT ____APRIL 17, 2008

I, ELEANOR D. FRANKLIN _____ (name of Conservator), move this Court to approve this
☒ Initial ☐ Amended Conservator's Financial Plan dated _____ June 30, 2009.

As grounds therefore, the Conservator states the following:

1. The information contained in the Financial Plan is true and complete. The proposed plan necessary to protect and manage the income and assets of the protected person.
2. The Financial Plan is based on the actual needs and best interests of the protected person.

I understand that I must provide copies of this Financial Plan to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the Court and will indicate having done so by completing the Certificate of Service at the end of this form.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court or any Interested Persons as identified in the Order Appointing Conservator may request copies at any time.

I understand that interested persons have the right to review and respond to information contained in the Financial Plan within 30 days of the date of service or by the date of any hearing, whichever occurs first.

Notice to Interested Person. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the Court. The Court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Protected Person's Information: _____ ELVIRA T. MADIGAN

Current Address: _____ 2889 Lincoln Blvd
 (Include Name of Living Center or Nursing Home)

City: _____ Canton State: _____ MA Zip Code: _____ 12345

Conservator's Information: _____ **ELEANOR D. FRANKLIN**

Do you plan on receiving any fees for being the Conservator? ☒ **Yes** ☐ **No** If **Yes**, indicate hourly rate: \$ __20.00

Occupation: _____ teacher

Your Relationship to Protected Person: _____ niece

Address: _____ 878 Washington St.

Apt. # _____ 3C

City: _____ Huntsville

State: _____ MA

Zip Code: _____ 12345

E-Mail Address: _____ edf@abcdefg.net

If applicable, Co-Conservator's Information: _____ **(Name)**

Do you plan on receiving any fees for being the Conservator? ☐ **Yes** ☐ **No** If **Yes**, indicate hourly rate: \$ _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Part I - Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information.

	Projected Monthly Amount	Projected Annual Amount
(A) Receipts/Income (Total from Part II (A below))	\$ ____1,799.00	\$ ____21,588
(B) Disbursements/Expenses (Total from Part II (B below))	\$ ____1,850.00	\$ ____22,200

Net Income: (A) minus (B)	\$ ____ -51.00	\$ ____-612.00
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1. Provide a short narrative of the steps you will take to develop or restore the protected person's ability to manage his or her own property and finances. **Visual aids will be provided to the protected person direct deposit of pension and electronic bill payments will be arranged to reduce the burden of paying bills**

2. Estimate the likely duration of the conservatorship, keeping in mind the steps to be taken to restore the protected person's ability to manage his or her own affairs. **The need for conservatorship is likely to be ongoing indefinitely as the protected persons memory and occupational skills are declining.**

3. Are the assets in the estate sufficient to provide for the present and future care of the protected person?
Yes ☒ **No** If **No**, describe why and what steps should be taken. If you would like the Court to take action, you must file a motion, petition for license to sell real estate, petition for protective arrangement or other appropriate pleading with the Court. **Home health care costs exceed income and are depleting savings. Cottage should be sold to provide sufficient liquidity and income to pay expenses. A petition for license to sell real estate will be filed shortly.**

Part II – Financial Plan

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

A. Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Wages		
Social Security	785.00	9,420.00
Interest / Dividends	130.00	1,560.00
Pensions / Retirement Plan Distributions	884.00	10,608.00
Rental Income		
Gifts from Others		
Disability, Unemployment or Worker's Compensation		
Other Public Assistance		
Other Receipts / Income (Please list)		
Other Receipts / Income (Please list)		
Total Receipts/Income Enter the total projected monthly and annual amounts in Part I.	1,799.00	21,588.00

B. Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Total Professional Fees Paid (from Part C)	\$ 300.00	\$ 3,600.00
Distributions to Protected Person		
Income Taxes		
FICA and Medicare Taxes		
Health Care (including health insurance, prescriptions)	850.00	10,200.00
Other Insurance		
Rent or Mortgage		
Property Taxes and Assessments		
Repairs and Maintenance	200.00	2,400.00
Utilities, including phones		
Home Furnishings		

Food and Household Supplies	400.00	4,800.00
Clothing		
Personal Care		
Auto Expenses (taxi)	100.00	1,200.00
Education		
Entertainment, Vacations and Travel		
Monthly Debt Repayments (excluding mortgage)		
Other Disbursements/Expenses, e.g. gifts (Please list)		
Other Disbursements/Expenses (Please list)		
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Part I.	\$ 1,850.00	\$ 22,200.00

C. Projected Payments to Professionals

Do you expect to pay any fees to professionals, including any fees you receive for being the Conservator? ☒ **Yes**
☐ **No** If **Yes**, list below projected payments to professionals that will serve you, as conservator, the protected person or the estate. Include any fees you plan to receive as the Conservator.

Type of Professional and Name of Individual	Projected Monthly Amount	Projected Annual Amount
Conservator -	100.00	1,200.00
Guardian -		
Guardian ad litem-		
Legal fees for Protected Person -		
Legal fees for Conservator -		
Legal fees for Guardian -		
Legal fees for Petitioner -		
Accountant / CPA -		
Case Manager -		
Other - Geriatric Care Manager	200.00	2,400.00
Other -		
Total Professional Fees – Enter totals in Part II – Section B Disbursements/Expenses.	\$ 300.00	\$ 3,600.00

	_____/s/ Eleanor D. Franklin	6/30/09
Conservator's Signature	Co-Conservator's Signature	Date

I certify that on _____ (date) the original was filed with the Court and a copy of this Conservator's Financial Plan was served on each of the following:

***Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.**

Note: The Financial Plan must be served on the protected person pursuant to the Order Appointing Conservator, unless otherwise ordered.